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CONFIRMATION NO. 3968

SERIAL NUMBER 10/725,952	FILING OR 371(c) DATE 12/01/2003 RULE	CLASS 435	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 10248.70015US01
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APPLICANTS
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 Barbara Wallner, Cohasset, MA;

**** CONTINUING DATA *******
yes This application is a CON of 09/812,528 03/20/2001 PAT 6,703,238 which is a CON of 09/162,934
 09/29/1998 PAT 6,258,597
 which claims benefit of 60/060,306 09/29/1997
none

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 02/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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TITLE
 Stimulation of hematopoietic cells in vitro

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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